

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000566

PRODUCER OF WASTE (Must be filled by producer)

Name: **ALUMINUM Co. OF AMERICA** ☐ ☐ ☐ ☐ ☐ ☐

Print or Type

Pick up Address: **5151 ALCAA AVE. VERNON, CA** CODE NO. ☐ ☐ ☐ ☐ ☐ ☐

Number Street City

Telephone Number: **213 588 6141** O. or Contract No.: **LA771150**

Order Placed By: **J. HERON** Date: **8-18-77**

Type of Process which Produced Wastes: **ALUMINUM FABRICATOR** ☐ ☐ ☐ ☐ ☐ ☐

CODE NO.

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☐ Other (Specify) ALUMINUM OXIDES & WATER

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 CODE NO.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)		Concentration:		ppm
Upper	Lower	%		
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH 7-9 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 barrels (42 gal.) ☒ gal ☐ tons ☐ other TANK (SPECIFY)

Containers: \_\_\_\_\_ (NUMBER) ☐ drums ☐ cartons ☐ bags ☒ other TANK (SPECIFY)

Physical State ☐ solid ☒ liquid ☒ sludge ☐ other \_\_\_\_\_ (SPECIFY)

Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

R. H. Shaffer  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

999000566

ASBURY OIL CO.  
13419 Halldale Ave., Gardena, California 90249  
Phone: (213) 321-1392

Pick Up: 8/20/77 Time: 15 am  
(DATE) o'pm

State Liquid Waste Hauler's Registration No. (if applicable): \_\_\_\_\_

Job No.: \_\_\_\_\_ No. of Loads or Trips: 3 Unit No. 3

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other \_\_\_\_\_  
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Daniell Slat  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by OPERATING INDUSTRIES, INC.  
2425 So. Garfield Ave.  
Monterey Park, Calif. 91754

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

CODE NO. 

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The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

Handling Method(s):

☐ recovery

☐ treatment (specify): \_\_\_\_\_ CODE NO. \_\_\_\_\_  
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify): \_\_\_\_\_ CODE NO. \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 02-20-71

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name

**BILLING COPY**